

242

**ADOLESCENCE
EDUCATION
IN
SCHOOLS**

INTRODUCTION

**PACKAGE
OF
BASIC
MATERIALS**

221/Gift

**JAWAHARLAL PANDEY
SAROJ B. YADAV
KANAN K. SADHU**



**NATIONAL POPULATION EDUCATION PROJECT
DEPARTMENT OF EDUCATION IN SOCIAL SCIENCES AND HUMANITIES
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
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FOREWORD

The introduction of adolescence education in schools is one of the major thrusts of the National Population Education Project during its current phase which began in 1998. Adolescence education has emerged in response to the critical needs and concerns of adolescent development which is a complex process of physical, cognitive, emotional, social and moral maturation of individuals from childhood to adulthood. Although the school curriculum accepts the criticality of adolescent years in preparing the children for adult roles in almost all aspects of life, it has not adequately addressed so far the crucial needs and concerns of adolescents related to the process of their growing up from childhood to adulthood.

It was in response to these needs that the National Seminar on Adolescence Education organized by the National Council of Educational Research and Training (NCERT) in April, 1993 recommended the introduction of adolescence education in schools. As a follow-up of the recommendation of the Seminar efforts are afoot to integrate elements of adolescence education in the content and process of school education. However, the introduction of adolescence education in the school curriculum has been inhibited owing to apprehensions on the part of educators and parents regarding the socio-cultural sensitivities of certain aspects of its subject-matter. Absence of a suitable pedagogy for transacting these elements effectively has also been a deterring factor.

The present publication, ***Adolescence Education in Schools : A Package of Basic Materials***, deals with some of the critical issues that have been raised in this respect. It seeks to promote the process of introduction of adolescence education in school education. The package contains **five parts** and a small booklet introducing the package. Whereas each **part** is addressed to a particular intended audience with certain specific objectives, the entire package aims at delineating the general framework of adolescence education and outlining its content areas in the context of Indian socio-cultural milieu. It also makes an attempt to indicate how different intended audiences would be oriented in this educational area, how classroom transaction may be made more effective, how the partnership between the school and the community may be made

more functional and how both curricular and co-curricular approaches of curriculum transaction may be employed to attain the objectives of adolescence education.

This package is the outcome of wide consultations at different levels. As a follow-up of the recommendations of the National Seminar, a draft of the package was developed and reviewed in the Regional Seminars on Adolescence Education, organized in different parts of the country. These consultations were helpful in not only improving the quality of the material but also evolving a consensus on the general framework of adolescence education as well as strategies and modalities of curriculum transaction. The NCERT is extremely grateful to all the policy makers, senior educational functionaries, eminent educationists, psychologists, medical specialists, curriculum framers, teacher educators, teachers, parents and students who contributed to the process of the finalization of this package.

I take this opportunity to express my sincere thanks to the United Nations Population Fund (UNFPA) for its cooperation in the development of this package and also in its publication. I am also thankful to international agencies like UNESCO, UNICEF, UNAIDS and WHO for their technical inputs provided on different occasions towards the design of this package.

I thank Professor Arjun Dev, Head of the Department of Education in Social Sciences and Humanities, NCERT for providing encouragement to his colleagues in finalizing this package.

I am particularly thankful to Dr. J.L.Pandey, Project Coordinator and his colleagues in the National Population Education Project, Dr.Saroj B. Yadav, Reader and Dr. Kanan K.Sadhu, Lecturer, who planned this package, prepared its first draft and finalized it in keeping with the comments and suggestions received from different sources in the development of this important curricular area.

I hope this publication will strengthen the efforts that are being made to introduce adolescence education in schools. We would welcome comments and suggestions on any aspect of this package for its improvement.

A.K.Sharma
Director
N.C.E.R.T.
NewDelhi

June 1999

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Shri Nasiruddin Khan, Reader, DESSH, N.C.E.R.T. edited the manuscript. Shri A. Chakraborty, formerly Lecturer in Arts, N.C.E.R.T. prepared illustrations and Miss Kiran Pahwa and Mrs. Kiran Juneja typed the entire package on Computer and prepared its final printout.

ADOLESCENTS IN INDIA : A PROFILE

Adolescents in India : A Profile

Adolescence Education is being introduced in the school education system as an educational intervention in response to adolescent's needs and requirements that have not been reflected so far in the school curriculum. In order to design an effective educational intervention, it is important, at the outset, to carve out a profile of adolescents that may facilitate the process of the identification of their needs and requirements. According to the recent statistics more than 50 per cent of the world population is below the age of 25 years, and about one-fifth of the global population comprises adolescents. In the countries of Asia and the Pacific region also adolescents constitute over one-fifth of the total population. In the South Asia (SAARC) region there are over 260 million adolescents in a total population of over 1.5 billion. The number of adolescents in most countries of this region, like many other developing countries, will continue to grow for the next 30 years because of population momentum. It is estimated that the adolescent population in the SAARC region will increase by 18 per cent, from nearly 263 million in 1995 to 311 million in 2020.

In India, there are over 190 million adolescents, which is nearly one-fifth of the total population of the country. The following table gives a comparative perception of the share of adolescent population in the countries of the SAARC region. As is evident, the share of adolescent population in India is the lowest.

While the adolescent population in almost all developing countries including those of the SAARC region is on the increase, in India it shows a decreasing trend. Between 1990 and 1992 the percentage share of adolescent population in the 10-14 age group remained constant and then recorded a decline. The percentage share of adolescents in the 15-19 age group increased initially and then declined. The sex ratio among adolescent population in India is the same as that of the total population, adolescent boys outnumbering adolescent girls. The overall age-specific rate of mortality of adolescents is lower than that of other age groups but the gender based discrimination adversely affects the sex ratio.

Table 1: Percentage of Adolescents (10-19 Years) in the Estimated Total Population by Countries in the SAARC Region, 1995

(in 000)

| Country | Total Population | Adolescent Population | Share(%) of the Adolescent Population in the Total |
|------------|------------------|-----------------------|--|
| Bangladesh | 118,200 | 30,644 | 25.9 |
| Bhutan | 1,770 | 388 | 21.9 |
| India | 929,000 | 193,221 | 20.8 |
| Maldives | 250 | 60 | 24.0 |
| Nepal | 21,500 | 4,841 | 22.5 |
| Pakistan | 136,300 | 29,786 | 21.9 |
| Sri Lanka | 17,900 | 3,794 | 21.2 |
| Total | 1,224,920 | 262,734 | 21.4 |

Source: UN Population Division, *World Population Prospects : 1996 Revision* (October 1996).

Although there is a legal prescription for the minimum age of marriage in India, the practice of early marriage still prevails in many parts of the country. In 1996 an average of 38 per cent of girls in the 15-19 age group were married; and in rural areas this percentage was 45.6. The age at marriage in India also varies from state to state. In Andhra Pradesh, Bihar, Madhya Pradesh and Rajasthan over 50 per cent of girls in the 15-19 age group are married. In Haryana and Uttar Pradesh this percentage is about 45, whereas in Goa, Kerala, Manipur, Mizoram and Nagaland it is less than 15. However, there is a gradual decline in the number of girls married in their teens all over the country. This trend alongwith the gradual advancement in the age of menarche,* longer period of schooling and the increasing trend of migration has led to an extended period of adolescence.

The adolescent girls in India are confronted with the hazards of early child-bearing. Seventeen per cent of total fertility in India is still attributed to young women in the 15-19 age group, exposing them and their children to greater health risks. It has also been observed that the knowledge regarding reproductive health among Indian adolescents is limited. They have very little accurate information on the process of growing up and pre-marital, marital and extra-marital sexual relationships. There are studies that indicate a growing trend of pre-marital sexual activities among

* The first menstruation/onset of 'puberty' or reproductive age.

adolescents. The limited available data indicate that approximately 14 million new infections of sexually transmitted diseases and reproductive tract infection occur every year; and the number of adolescent victims is substantial. Among the HIV infected persons the adolescents constitute the largest number, a trend which is likely to continue if appropriate interventions are not made. It is pertinent to note one of the findings of the National Family Health Survey (1992), according to which the knowledge of HIV/AIDS and STDs is very low among girls in the age group of 13-19 years.

The socio-economic profile of Indian adolescents is also far from satisfactory. Although two out of three boys and two out of five girls in the 10-19 age group are literate and the level of literacy among them is steadily rising, the incidence of gender discrimination is common and evident. There is twenty per cent gap between the literacy of boys and girls. So is the trend in respect of the levels of school enrollment. The urban-rural differentiation further widens the gap between boys and girls and reflects a worse state of discrimination against the girls in rural areas.

Despite the legislation enacted in India, the problem of child labour continues to elude solution. Adolescent girls in particular remain involved in hazardous and non-remunerative occupations. A large proportion of adolescents in both rural and urban areas is malnourished, and the condition of adolescent girls in this respect is still worse. The nutritional status of Indian adolescents has been a matter of great concern for long. According to the diet surveys of the Indian adolescent population, the diet available to adolescents is inadequate in all nutrients. There is higher incidence of anemic conditions among adolescent girls which has grave consequences with inter-generation implications.

The critical concerns of drug-abuse by Indian adolescents are consistent with the global concern. According to the India Drug Country Report 1995, most of the drug abusers belong to the 18-25 age group. The rates of current abusers are low in early adolescence, rise steadily into the late teen age years and remain high during the early twenties.

The problem of violence against adolescents and particularly adolescent girls in India is also very critical. According to a report of the National Crime Records Bureau, the incidence of reported rape cases in the 10-16 age group went up by 26.2 per cent between 1991 and 1995. A

survey sponsored by the Central Social Welfare Board in 1991 in six metropolitan cities of India indicated that 40 per cent of the female sex workers were inducted into the profession when they were below 18 years of age.

While understanding the profile of adolescents in India, it is important to take note of a critical reality. Adolescents are generally perceived as a homogeneous group, which they are not. Despite a number of common characteristics Indian adolescents, like those in most other countries, are in fact a heterogeneous group. The nature of different groups of adolescents is significantly influenced by their respective socio-cultural settings in which they grow, develop and get socialised. It is primarily because of this feature that the needs and requirements of Indian adolescents are diverse and vary from one cultural setting to another.

In spite of the crucial place that adolescents have in the entire population as the most important resource for the future, their needs and concerns, and especially their reproductive health needs, have generally been ignored. Accurate and authentic information about various dimensions of adolescent reproductive health needs are not available. India, like many other countries, does not have an authentic and comprehensive data-base in respect of adolescent reproductive health and behaviour. The effort made so far to meet even their educational and health needs have been far from adequate. The social, economic and health costs of such a neglect may prove enormous.

In view of the above, it was thought necessary to introduce adolescence education in schools and make it an integral part of the school curriculum. The main aim of this educational intervention is to provide accurate and authentic knowledge to adolescents about their reproductive health and related crucial issues, inculcate in them rational attitude and responsible behaviour towards these issues and enable them to take informed decisions. During the course of evolving a consensus through national and regional seminars, a number of studies were conducted to assess the acceptability of the introduction of this culturally sensitive educational area in schools. The findings of all these studies reveal that the need to introduce adolescence education in schools is felt by an overwhelming majority of policy makers, educational functionaries, opinion leaders, teachers, parents and the community at large.

The Package

With a view to evolving a national consensus on the general framework of adolescence education that would ensure effective introduction of this area in the school curriculum, a National Seminar was organized by the National Council of Educational Research and Training (NCERT) in April, 1993. The Seminar made significant recommendations on the conceptual framework of adolescence education and strategies to be adopted for its effective integration in the school curriculum. One of the recommendations of the Seminar was that "NCERT should develop different prototype materials, both print and non-print, for specific target groups and further promote adoption/adaptation of these materials in States and Union Territories."

This publication, ***Adolescence Education in Schools : A Package of Basic Materials***, is the outcome of the efforts made as a follow-up of the recommendations of the National Seminar. The main purpose of developing this material is to promote the process of introduction of adolescence education in the school curriculum. The Package consists of the following five parts:

- Part I : Adolescence Education : General Framework
- Part II : Adolescence Education : Knowledge Base
- Part III : Adolescence : Questions and Answers
- Part IV : Students' Activities
- Part V : Adolescence Education : Role of Adults

Part I delineates the conceptual framework of adolescence education and contains the details of the scheme of contents with suggested modalities for their integration into the existing syllabi and textbooks of different subjects at various school stages and courses of pre-service and in-service teacher education. **Part II** explains the main contents of adolescence education. It presents essential information, ideas and views in respect of adolescent reproductive health, focusing on physical, psychological and social developments during the process of growing up, the changing inter-personal relationships of adolescents and the critical issues of gender roles. It also provides specific treatment to the elements

relating to HIV/AIDS and drug abuse. **Part III** makes an attempt to provide answers to some important questions that arise in the minds of adolescents more often than not. **Part IV** delineates various aspects of the process of organizing important students' activities. The details of nine such activities are included in it. **Part V** contains the sample material which can be used in advocacy programmes for various target groups, though it is addressed to teachers and parents.

How to Use the Package ?

Since the Package has been developed to facilitate the process of the introduction of adolescence education in the school curriculum and to make the process of curriculum transactions at all levels more effective, it is accordingly addressed to the needs of various groups of intended audiences. It may be used by curriculum framers, textbook writers and other material developers, teacher educators, master trainers, teachers, students and parents. It may also be useful for policy framers, opinion leaders, all categories of educational functionaries of different levels, personnel managing related programmes implemented by governmental as well as non-governmental organizations (NGOs) and all other persons who have interest in this area.

The Package may be used by the project personnel of the National Population Education Project (NPEP) as well as by any other agency for organizing different kinds of activities in adolescence education. The project personnel of NPEP in particular may use it in various activities aimed at ensuring effective integration of elements of adolescence education into the content and process of school education and teacher education. Whereas the entire Package can be used for certain selected activities, each one of its Parts is directed towards meeting the needs of specific activities.

The first Part of the Package is primarily addressed to the needs of curriculum framers, textbooks writers and other material developers, teacher educators and teachers. The second Part may be useful for all the intended audiences, as it delineates the knowledge base of adolescence education. The material in the third Part can be more effectively used by teacher educators, master trainers, counsellors, teachers and also students. It can help teacher educators and teachers in responding to the

queries of adolescent students, particularly while conducting question box activity and counselling adolescent students. The fourth Part may be utilized for organizing co-curricular activities, delineated in the Package as students' activities. It can be used by teacher educators and master trainers in the training programmes for teachers and pupil teachers. The last Part, i.e. the fifth Part may be used in advocacy programmes for various intended audiences.

TRAINING DESIGN

TRAINING DESIGN

TRAINING DESIGN

TRAINING DESIGN

Although the Package may be used in various ways in different kinds of activities, it has been prepared keeping in view the requirements of training programmes aimed at making the trainees aware of the concerns of this new educational area, eliminating apprehensions and inhibitions in respect of the sensitive ideas and issues and developing in them appropriate skills to transact this curricular area effectively. While planning this Package, it was visualised that every target audience that might ensure effective integration of adolescence education into the content and process of school education would require training or orientation in this new and sensitive area.

This Package, therefore, may be meaningfully used in training or orientation programmes in adolescence education to be organized for teacher educators and teachers who would teach this curricular area in classrooms as well as transact it through co-curricular activities. A specific training design has been envisaged to make the training programmes effective. It has been felt that at least a five-day training programme for every group of trainees may produce better results than the training programmes of shorter duration. It is expected that the Package may be purposefully used in five-day training programmes for both key and resource persons/master trainers and teachers/trainees. The training design also underscores the need to adopt participatory approach in different sessions of the training programme. The traditional lecture method may not prove effective for an educational area like adolescence education which incorporates culturally sensitive elements. A sample of the Training Programme Schedule is being suggested in the following pages. It has been prepared to ensure that the Package may be fully utilized in order to attain the objectives of every training programme.

The training programme may be organized by taking the following steps in respect of every major activity :

A. Needs Assessment Study

- The participant of every training programme may be identified well in advance, preferably two to three months before the date of the programme. The number of participants for each training programme may not be more than 30 and fewer than 20.
- Once the list of the participants with their respective addresses is finalized a Needs Assessment Study is to be conducted by administering a well-designed tool. The tool is expected to focus on the level of knowledge of the would be trainees about concerns of adolescence education as well as on their expected roles under the Project. The findings of the study will bring forth the specific needs of every group of trainees. Based on the findings of the study, the details of the training programme, including the programme schedule may be finalized to meet such specific needs. It will be particularly necessary to identify the culture-based needs which are expected to be different for the trainees belonging to one cultural setting from those of the other.

B. Pre-Test

- The training programme may begin by conducting a Pre-Test, for which a sample tool consisting of Knowledge Test and Attitude Scale is given in the following pages. It may be suitably adapted or some other tool may be prepared.

C. Sessions of the Training Programme

- Different sessions of the training may be held on the pattern suggested in the Training Programme Schedule. Special efforts will be required to ensure that each session turns out to be a truly participatory session and each of the trainees gets necessary motivation and opportunities for active participation in the interaction during every session.
- As suggested in the Training Programme Schedule, the **first two days** of the training may be devoted to the understanding of the knowledge base of adolescence education and different transactional strategies. The first two Parts of the Package may be useful in attaining this objective. On the **third day**, the key and resource persons/master trainers may demonstrate the modalities of organizing Students' Activities

given in Part IV of the Package. The third Part may be used while organizing Question Box activity. The **last two days** of the programme may be utilized by trainees for the organization of the activities mentioned in the Package. The trainees are also expected to design some innovative students' activities and demonstrate those in the training programme.

D. Post-Test

- On the last day of the programme, before its concluding session, a Post-Test may be conducted. The tool for this test may be the same as used in the Pre-Test with a few reformulated items and some new items that may be relevant for the Post-Test.

Training in Adolescence Education : Programme Schedule

| S.No. | Activity/Coverage of Content Area | Time |
|-------|---|---|
| | Needs Assessment Study on Trainees | One month before the training programme |
| | Day I | |
| 1. | Pre-Test: Knowledge and Attitude | 30 minutes |
| 2. | Conceptual Framework of Adolescence Education <ul style="list-style-type: none"> Meaning of Adolescence, Problems of Adolescents ICPD 1994 on Reproductive Health Needs of Adolescents Need for Adolescence Education Conceptualisation of Adolescence Education; and Scheme of Contents Methods of Transaction | 1 hour 30 minutes |

| S.No. | Activity/Coverage of Content Area | Time |
|---------------|---|-------------------|
| 3. | Adolescence : Physical Development <ul style="list-style-type: none"> • Puberty • Secondary Sexual Characteristics/Male Body Clock and Female Body Clock • Adolescent Pregnancy : Its Socio-Psychological and Health Implications • Responsible Parenthood | 1 hour 30 minutes |
| 4. | Adolescence : Socio-Cultural Development <ul style="list-style-type: none"> • Emotional Changes during Adolescence • Identity Development • Body Image, Self Esteem and Self Concept • Relationship with Parents, Peers and Opposite Sex • Myths and Misconceptions | 1 hour 30 minutes |
| Day II | | |
| 5. | Gender Roles <ul style="list-style-type: none"> • Gender and Gender Roles - Meaning • Stereotyped Gender Role Development • Development of Proper Gender Role • Male Responsibilities | 1 hour |
| 6. | HIV/AIDS : Basic Information, Prevention and Control <ul style="list-style-type: none"> • HIV/AIDS : Basic Information • Modes of HIV Transmission • HIV/AIDS : Its Prevention and Control • Sexually Transmitted Diseases • Myths and Misconceptions | 1 hour 30 minutes |

| S.No. | Activity/Coverage of Content Area | Time |
|-------|--|-------------------|
| 7. | Education Against Drug Abuse <ul style="list-style-type: none"> • Meaning of Drug Abuse • Reasons and Symptoms of Drug Abuse • Socio-Psychological Consequences of Drug Abuse • Drug Abuse : Prevention and Deaddiction • Myths and Misconceptions | 1 hour 30 minutes |
| | Day III | |
| | Demonstration by Resource Persons | |
| 1. | Question Box Activity | 1 hour 30 minutes |
| 2. | Value Clarification | 1 hour |
| 3. | Role Play | 1 hour |
| 4. | Quiz Contest | 1 hour |
| 5. | Discussion on the Organization of other Students' Activities | 30 minutes |
| | Day IV | |
| | Demonstration/Practice by Trainees | |
| 1. | Question Box | 1 hour 30 minutes |
| 2. | Role Play | 1 hour |
| 3. | Quiz Contest | 45 minutes |
| 4., | Group Discussion | 1 hour |
| 5. | Planning for field activities to be demonstrated in classroom situation | 1 hour |

| S.No. | Activity/Coverage of Content Area | Time |
|-------|--|------------|
| | Day V | |
| | Demonstration by Trainees | |
| 1. | Question Box | 1 hour |
| 2. | Case Studies | 45 minutes |
| 3. | Value Clarification | 1 hour |
| | Post Test: Knowledge and Attitude | 1 hour |
| | Concluding Session | 1 hour |

PRE-TEST AND POST-TEST

PRE-TEST AND POST-TEST

Knowledge Test*

Directions

Kindly go through the following instructions carefully before you begin to respond to the items of this test.

- This test is addressed to you individually, and hence it is important to respond to its items/ questions individually without consulting any other person.
- Since the objective of this test is to identify the needs of the trainees as a group, please do not write your name or put your signature on the questionnaire.
- Please do not treat this activity as a mere formality, as your responses will help the process of improving the quality of the training programme.
- Please answer all the questions, even though some of these may appear to be sensitive, because your responses are very important for the present programme.
- Your answers will be kept secret. No one will know how you answered these questions, as you are not mentioning your name on the questionnaire.
- Thank you for completing the questionnaire.

Given below are the statements. Tick mark True(T), False(F)/Don't Know (DK) as the case may be.

(T) (F) DK

1. Adolescence is a period of growth and development among boys and girls from the onset of puberty to maturity.

* This test can be used both for pre-test and post-test. However, while using it for the post-test certain items may be redrafted or some new items may be added.

| | (T) | (F) | DK |
|---|-----|-----|-----|
| 2. A person is considered adolescent from 10 to 19 years of age. | ... | ... | ... |
| 3. It is natural if adolescents want and try to be independent of their parents and other elders. | ... | ... | ... |
| 4. Girls and boys are less interested in each other during adolescence. | ... | ... | ... |
| 5. Puberty means menarche i.e. first monthly period in females and the first nocturnal emission (wet dream) in males. | ... | ... | ... |
| 6. Nocturnal emission is a natural process. | ... | ... | ... |
| 7. Masturbation makes an individual physically weak. | ... | ... | ... |
| 8. Virginity is not related to the breaking of hymen. | ... | ... | ... |
| 9. Abortion (Medical Termination of Pregnancy) is legal in India. | ... | ... | ... |
| 10. Medical checkup can be undertaken any time during pregnancy. | ... | ... | ... |
| 11. During menstruation, girls can use whatever cloth is available. | ... | ... | ... |
| 12. Teenage pregnancy causes no risk to the life of mother. | ... | ... | ... |
| 13. STDs are curable, but there is no cure for AIDS. | ... | ... | ... |
| 14. A person infected with HIV/AIDS can be recognized by his/her look. | ... | ... | ... |
| 15. HIV is transmitted is through semen, vaginal fluids and blood. | ... | ... | ... |
| 16. One can get HIV even if he/she has sex only once, with infected person. | ... | ... | ... |
| 17. One can get HIV by hugging or touching a person who has HIV or AIDS. | ... | ... | ... |

- | | | | | |
|-----|---|-----|-----|-----|
| 18. | A person can have HIV infection by giving (donating) blood. | ... | ... | ... |
| 19. | The more sexual partners a person has, the greater is the chance of getting infected with HIV or other sexually transmitted diseases. | ... | ... | ... |
| 20. | People who choose only healthy-looking partners, will not be infected with HIV. | ... | ... | ... |
| 21. | There is no vaccine to prevent a person from contracting HIV/AIDS. | ... | ... | ... |
| 22. | Abstinence till marriage and remaing faithful to the married partner will enable a person to be free from HIV infection. | ... | ... | ... |
| 23. | People with AIDS die of any illness. | ... | ... | ... |
| 24. | HIV can be passed from an infected mother to her unborn child. | ... | ... | ... |
| 25. | The birth control pill can protect a person from HIV or STD. | ... | ... | ... |
| 26. | There is no way to find out HIV infection. | ... | ... | ... |
| 27. | Being compassionate to a person with AIDS is dangerous because there is always a chance of becoming infected with HIV. | ... | ... | ... |
| 28. | One can get HIV from wearing clothes that have been worn by another person with HIV/AIDS. | ... | ... | ... |
| 29. | A person who has sexually transmitted disease (STD) is at a greater risk of getting HIV/AIDS. | ... | ... | ... |
| 30. | Drug abuse means taking any chemical substance in a larger quantity and more frequently than prescribed or needed. | ... | ... | ... |
| 31. | Drugs sharpen thinking and lead to greater concentration. | ... | ... | ... |

32. Drug addiction can be cured by medical and psychological treatment.
33. To get rid of drugs, the addicted person has to have sustained self-determination.

Attitude Scale*

Directions

Kindly go through the following instructions carefully before you begin to respond to the items of this scale.

- We would like to know your views on each statement in terms of degree of agreement or disagreement.
- Since the objective of this test is to identify the needs of the trainees as a group, please do not write your name or put your signature on the questionnaire.
- Please do not treat this activity as a mere formality, as your responses will help the process of improving the quality of the training programme.
- Please note that there is no right or wrong answer to any of these statements.
- Please indicate your opinion against all the statements.
- Read each statement carefully and answer by putting a tick mark (✓) on one of the alternative - **SA** or **A** or **NS** or **D** or **SD**.

* This scale can be used both for pre-test and post-test. However, while using it for the post-test certain items may be redrafted or some new items may be added.

Given below are the statements. Tick mark (✓) Strongly Agree (SA), Agree (A), Not Sure (NS), Disagree (D), Strongly Disagree (SD) as the case may be.

| | Strongly Agree (SA) | Agree (A) | Not Sure (NS) | Disagree (D) | Strongly Disagree (SD) |
|---|---------------------------|--------------|---------------------|-----------------|------------------------------|
| 1. There is nothing wrong in discussing sex related issues with friends of the same gender | | | | | |
| 2. Girls/Women are primarily an object of sex in our society | | | | | |
| 3. Getting authentic knowledge about sex-related issues increases sexual urge and is against morality | | | | | |
| 4. Masturbation badly affects the physical as well as mental health of adolescents | | | | | |
| 5. Night fall (wet dream) during adolescence is a disease and it should be treated | | | | | |
| 6. Being attracted towards the opposite sex during adolescence is highly immoral | | | | | |
| 7. The personal and social behaviour of adolescents always create problems in family and society | | | | | |
| 8. Parents should guide adolescents in matters related to sex | | | | | |

| | Strongly Agree (SA) | Agree (A) | Not Sure (NS) | Disagree (D) | Strongly Disagree (SD) |
|---|------------------------|--------------|------------------|-----------------|---------------------------|
| 9. It is sin to have pre-marital sex. | | | | | |
| 10. A male can go for pre-marital relationships but a female should not. | | | | | |
| 11. All important decisions in the family should be taken by men only. | | | | | |
| 12. Husband should share household work only if wife is sick | | | | | |
| 13. Virginity should be considered as the main factor to determine the character of a girl before marriage. | | | | | |
| 14. Sex drive which is a biological instinct must be controlled in accordance with the norms of the society | | | | | |
| 15. Young people should realise that if they are not careful they could get infected with HIV. | | | | | |
| 16. People who have AIDS should be forced to live far away from other people. | | | | | |
| 17. Every one should feel comfortable while hugging a close friend who has AIDS | | | | | |

| | Strongly Agree (SA) | Agree (A) | Not Sure (NS) | Disagree (D) | Strongly Disagree (SD) |
|---|------------------------|--------------|------------------|-----------------|---------------------------|
| 18. It is normal when a person finds it difficult to say "no" to his/her friends even when he/she knows that he/she should not do what they want. | | | | | |
| 19. It is advisable for teenagers to postpone having sex until they are married. | | | | | |
| 20. We should do more to help people who have AIDS. | | | | | |
| 21. One should get tested if there is a doubt that he/she might have HIV. | | | | | |
| 22. One should not succumb to any pressure from friends to do a thing which he/she feels should not be done. | | | | | |
| 23. India is a country with a great tradition of morality, and hence, we should not worry about a disease like AIDS. | | | | | |
| 24. Taking drugs once may not necessarily lead to drug addiction | | | | | |
| 25. One should not be compassionate with drug addicts | | | | | |

| Strongly Agree (SA) | Agree (A) | Not Sure (NS) | Disagree (D) | Strongly Disagree (SD) |
|---------------------------|--------------|---------------------|-----------------|------------------------------|
|---------------------------|--------------|---------------------|-----------------|------------------------------|

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|---|------|------|------|------|
| 26. Drug addicts should be strictly punished under the law | | | | |
| 27. It is normal if one has difficulty in saying 'no' to smoking when he/she is with friends. | | | | |
| 28. Drug abuse could be prevented through better and healthy communication between parents and adolescents. | | | | |



Key Knowledge Test

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|-------|-------|-------|-------|-------|
| 1. T | 2. T | 3. T | 4. F | 5. T |
| 6. T | 7. F | 8. T | 9. T | 10. T |
| 11. F | 12. F | 13. T | 14. F | 15. T |
| 16. T | 17. F | 18. F | 19. T | 20. F |
| 21. T | 22. T | 23. T | 24. T | 25. F |
| 26. F | 27. F | 28. F | 29. T | 30. T |
| 31. F | 32. T | 33. T | | |

Attitude Scale

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|-------|-------|-------|-------|-------|
| 1. P | 2. N | 3. N | 4. N | 5. N |
| 6. N | 7. N | 8. P | 9. P | 10. N |
| 11. N | 12. N | 13. N | 14. P | 15. P |
| 16. N | 17. P | 18. N | 19. P | 20. P |
| 21. P | 22. P | 23. N | 24. N | 25. N |
| 26. N | 27. N | 28. P | | |